VERIFICATION OF A TRANSLATION

I, the below named translator, hereby declare that:

My name and post office address are as stated below;

That I am knowledgeable in the English language and in the language in which the below identified international application was filed, and that I believe the English translation of the international application No. PCT/JP99/05153 is a true and complete translation of the above identified international application as filed.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date

March 8, 2001

Full name of the translator.....

Signature of the translator

Post Office Address ...

1-13 Awajimachi 2-chome, Chuo-ku,

Osaka, 541-0047, Japan

Michio Akaoka

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III Lu:

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(Includes Reference to PCT International Applications)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ORAL DRUG DELIVERY SYSTEM FOR ENHANCING THE

BIOAVAILABILITY OF ACTIVE FORM OF GLYCYRRHIZIN

the specification of which (check only one item below):

is attached hereto.

was filed as United States application

Serial No.

on

and was amended

on

PCT/JP99/05153

on

September 20, 1999

and was amended under PCT Article 19

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

(if applicable).

I acknowlege the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119		
JAPAN	286040/1998	September 21, 1998	ØYES □ NO		
			YES NO		
			YES NO		
			YES NO		
·			YES NO		



Combined Declaration For Patent Application and Power of Attorney (Continued)

ATTORNEY'S DOCKET NUMBER

(Includes Reference to PCT International Applications)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENTED	PENDING	ABANDONED
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PCT APPLICATION NO.	PCT FILING	DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
						†

POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E. J. Branlgan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Dlana Hamlet-King (33,302); Richard J. Traverso (30,595); Richard E. Kurtz (33,936); John A. Sopp (33,103) pr secute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: MILLEN, WHITE, ZELANO AND BRANIGAN, P.C.

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1 mg 11	POST OFFICE STREET 618-2 Gokomachidor Gojoagaru, Azuchi-cho,		Shimogyo-ku, Kyoto	STATE & ZIP CODE/COUNTRY JAPAN			
ica abudi	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME			
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203	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP			
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	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME			
204	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP			
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	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME			
205	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP			
	POST OFFICE ADDRESS	STREET .	CITY	STATE & ZIP CODE/COUNTRY			
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME			
206	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP			
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY			



Combined Declaration For Patent Application and Power of Attorney (Continued)



ATTORNEY'S DOCKET NUMBER

(In	cludes Reference	to PCT International Applications)						
<u> </u>		FAMILY NAME		FIRST GIVEN NAM	1E	SECOND GIVE	I NAME	
	FULL NAME OF INVENTOR	;			.•		· mmg	
207	RESIDENCE &	& CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
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208	FULL NAME OF INVENTOR			FIRST GIVEN NAME		SECOND GIVEN NAME		
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209	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	STREET		CITY		STATE & ZIP C	ODE/COUNTRY	
	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME		
210	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
10	POST OFFICE ADDRESS	STREET		CITY		STATE & ZIP CODE/COUNTRY		
T.	FULL NAME OF INVENTOR	PESIDENCE & CITY CITIZENSHIP		FIRST GIVEN NAME STATE OR FOREIGN COUNTRY CITY		SECOND GIVEN NAME		
211	RESIDENCE &					COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS					STATE & ZIP CODE/COUNTRY		
E 125	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME		
212	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
	POST OFFICE STREET			CITY		STATE & ZIP CODE/COUNTRY		
	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and							
5	IGNATURE OF	INVENTOR 201	DATE		SIGNATURE OF INVENTOR	207	DATE	
			0. 15,200/					
SIGNATURE OF INVENTOR 202 DATE				SIGNATURE OF INVENTOR	208	DATE		
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SIGNATURE OF INVENTOR 203 DATE		SIGNATURE OF INVENTOR		210	DATE			
SIGNATURE OF INVENTOR 205 DATE			SIGNATURE OF INVENTOR	211	DATE.			
S	IGNATURE OF	INVENTOR 206	DATE		SIGNATURE OF INVENTOR	212	DATE	